Nigeria

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population **Download summary page as PDF** **E-mail this page**
Suggest Updates

- National Guidelines for HIV Treatment in Nigeria (**PDF** / 583 **KB**)
- National Guidelines for Pediatric HIV Treatment in Nigeria (**PDF** / 5 **MB**)
- National Guidelines for the Prevention of Mother to Child Transmission of HIV in Nigeria (**PDF** / 2 **MB**)

Adults and Adolescents

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

- Start ART in all patients with HIV infection who have a CD4+cell count less than or equal to 350 cells/mm3 including pregnant women irrespective of clinical symptom
- Start ART in all patients with WHO clinical stage 3 or 4 irrespective of CD4 count
- Start ART as soon as possible in all HIV infected individuals with active tuberculosis (TB) irrespective of CD4 cell count (within 8 weeks after the start of TB treatment)
- Start ART in all patients with HIV infection who require treatment for HBV infection irrespective of CD4 cell count or WHO clinical staging.

- For all HIV positive pregnant women with a CD4 count greater than 350, ARV prophylaxis should be provided to prevent mother-to-child transmission of HIV. It should be initiated with adequate reference to the National Guidelines for PMTCT.

Consider ART in persons with CD4+ greater than 350 cell /mm3 in the following situations:

- HIV-associated nephropathy since this may occur at high CD4 counts and there is benefit in use of HAART.
- Discordant relationships based on evidence suggesting decreased risk of transmission in patients with treated HIV infection.

Regimen Options:

First Line:

For ART naïve adults:

- AZT + 3TC + EFV or
- AZT + 3TC + NVP

Second Line:

If d4T or AZT used in firstline therapy:

- TDF + 3TC or FTC + ATV/r or LPVr

Third Line:

Salvage Therapy refers to the ART offered to PLWHA in response to failure of second line treatment and the non response to available regimens. The choice of salvage therapy is more difficult if genotype or phenotype resistance testing is not readily available. In the event of treatment failure, a comprehensive evaluation (including adherence assessment) to ascertain the cause of failure should be conducted.
It is important to note that patients failing a PI/r based regimen may have no PI resistance mutations in which case failure is usually secondary to non adherence. Effort must be made to assess and optimize adherence and rule out any significant drug interactions. When this has been done and there is still evidence of failure, patients should have a regimen change that will include at least two active agents.
Recommended salvage therapy; DRV/r + RAL with an optimized background of NRTIs which should include 3TC/FTC are considered. In situations where third and salvage regimen are unavailable, patients should be continued on optimized second-line regimen.

First Line:

- TDF +3TC (or FTC) + EFV or
- TDF +3TC (or FTC) + NVP

All women receiving NVP containing ART regimens should be closely monitored for symptoms and

signs of hepatic toxicity such as skin rash and elevations in serum transaminases.

- Women of child bearing age who develop signs of NVP induced hypersensitivity should have NVP substituted with a potent PI.
- Efavirenz can cause congenital fetal abnormalities and is not recommended in pregnant women (especially during the first trimester) or in women of child bearing age who are not using effective and consistent contraception.

Second Line:

If TDF used in first-line therapy:

- AZT + 3TC + ATV/r or LPVr

Third Line:

Salvage Therapy refers to the ART offered to PLWHA in response to failure of second line treatment and the non response to available regimens. The choice of salvage therapy is more difficult if genotype or phenotype resistance testing is not readily available. In the event of treatment failure, a comprehensive evaluation (including adherence assessment) to ascertain the cause of failure should be conducted.
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Recommended salvage therapy; DRV/r + RAL with an optimized background of NRTIs which should include 3TC/FTC are considered. In situations where third and salvage regimen are unavailable, patients should be continued on optimized second-line regimen.

First Line:

Alternate first line ARVs
In special situations such as intolerance or contraindications to both NNRTI regimens, particularly in

- HIV/TB coinfection;
- pregnant women;
- chronic viral hepatitis B;
- HIV-2 infection

Triple NRTIs such as those listed below are accepted as alternative first line ARVs
a. AZT+3TC+ABC b. AZT+3TC+TDF

Third Line:

Salvage Therapy refers to the ART offered to PLWHA in response to failure of second line treatment and the non response to available regimens. The choice of salvage therapy is more

difficult if genotype or phenotype resistance testing is not readily available. In the event of treatment failure, a comprehensive evaluation (including adherence assessment) to ascertain the cause of failure should be conducted.
It is important to note that patients failing a PI/r based regimen may have no PI resistance mutations in which case failure is usually secondary to non adherence. Effort must be made to assess and optimize adherence and rule out any significant drug interactions. When this has been done and there is still evidence of failure, patients should have a regimen change that will include at least two active agents.
Recommended salvage therapy; DRV/r + RAL with an optimized background of NRTIs which should include 3TC/FTC are considered. In situations where third and salvage regimen are unavailable, patients should be continued on optimized second-line regimen.

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Children Greater than 3 Years

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Children aged 24 - 59 months:
CD4 % less than or equal to 25
Absolute CD4 less than or equal to 750 cells/mm3

Children aged 5 years and above:
Absolute CD4 less than or equal to 350 cells/mm3 (as in adults)

Regimen Options:

First Line:

AZT + 3TC + EFV ***

*** EFV is only indicated for use in children greater than 3 years of age and greater than 10kg. Also, because of teratogenic effects during the 1st trimester of pregnancy, should be used with caution in adolescent females that may become pregnant.

Second Line:

ABC + 3TC + LPV/r

First Line:

Alternatives:
AZT + 3TC +NVP

Second Line:

ABC + 3TC + LPV/r

or

d4T + 3TC + LPV/r

First Line:

AZT + 3TC + ABC

Second Line:

ddI + 3TC + NVP

or

TDF + 3TC + EFV

or

ddI + 3TC + LPV/r

First Line:

d4T* + 3TC + NVP

*d4T is no longer preferred NRTI for use given long term toxicity in children

Second Line:

ABC + 3TC + LPV/r

or

ddI + 3TC + LPV/r

or

AZT +3TC+ ABC

First Line:

ABC + 3TC + EFV

Second Line:

Not Specified

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Children 2 - 3 Years, Regardless of NNRTI Exposure

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Children aged 24 - 59 months:
CD4 % less than or equal to 25
Absolute CD4 less than or equal to 750 cells/mm3

Regimen Options:

First Line:

AZT + 3TC + NVP

Second Line:

ABC + 3TC + LPV/r

or

d4T + 3TC + LPV/r

First Line:

Alternatives:
ABC + 3TC + NVP

Second Line:

AZT + 3TC + LPV/r

or

ddI + 3TC + LPV/r

First Line:

AZT + 3TC + ABC

Second Line:

ddI + 3TC + NVP

or

ddI + 3TC + LPV/r

First Line:

d4T* + 3TC + NVP

*d4T is no longer preferred NRTI for use given long term toxicity in children

Second Line:

Not Specified

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of

Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Children 12 Months - 2 Years with Exposure to NNRTI

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All children less than 24 months regardless of CD4%

Regimen Options:

First Line:

AZT + 3TC + LPV/r

Alternatives:

AZT + 3TC + ABC

ABC + 3TC + LPV/r

d4T* +3TC +LPV/r

*d4T is no longer preferred NRTI for use given long term toxicity in children

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Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Children 12 Months - 2 Years with no Exposure to NNRTI

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All children less than 24 months regardless of CD4%

Regimen Options:

First Line:

AZT + 3TC + NVP

Alternatives:

ABC + 3TC + NVP

AZT + 3TC +ABC

d4T* + 3TC + NVP

*d4T is no longer preferred NRTI for use given long term toxicity in children

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Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Infants less than 12 Months no Prior Exposure to NNRTIS

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All infants regardless of CD4%

Regimen Options:

First Line:

AZT + 3TC +NVP

Alternatives:
ABC + 3TC + NVP

AZT + 3TC + ABC

d4T* + 3TC + NVP

*d4T is no longer preferred NRTI for use given long term toxicity in children

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Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Infants less than 12 Months Prior Exposure to NNRTIS (e.g. Through PMTCT)

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All infants regardless of CD4%

Regimen Options:

First Line:

AZT + 3TC + LPV/r**

**If LPV/r is not available, may start NVP based regimen, though not preferred due to high rate of NNRTI resistance in infants with previous exposure.

Alternatives:
ABC + 3TC + LPV/r

AZT + 3TC + ABC

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Infants less than 12 Months with Unknown Exposure to NNRTIs

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All infants regardless of CD4%

Closely monitor for treatment failure

Regimen Options:

First Line:

AZT + 3TC + NVP

Alternatives:
ABC + 3TC + NVP

d4T* + 3TC + NVP

*d4T is no longer preferred NRTI for use given long term toxicity in children

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Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Pregnant HIV Positive Women who do not meet the Criteria for ART and Infants

Year Issued:

2010

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

Mother:

- Commence triple ARV prophylaxis from 14 weeks or as soon as possible when the woman presents late in pregnancy, labour or delivery.

Infant:

- All infants in this clinical scendario should be given daily NVP from birth to 6 weeks of age.

Regimen Options:

First Line:

Any of the following combinations is recommended as appropriate:

- AZT + 3TC + LPV/r
- AZT + 3TC + EFV
- AZT + 3TC (or FTC) + EFV
- AZT + 3TC + ABC
- TDF + 3TC (or FTC) + EFV

Maternal triple ARV prophylaxis should continue until 1 week after cessation of infant‘s exposure to breast milk
Mothers who decide not to breastfeed should stop ARV prophylaxis 1 week after delivery.
NB: NVP should be avoided in women with CD4 count greater than 350.

For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication.

- AZT from 14 weeks gestation.
- sd NVP at onset of labour
- AZT+3TC 12 hourly during labour and delivery
- AZT+3TC 12 hourly for 7 days postpartum

(NB: If Hb is less than or equal to 8g/dl (PCV less than or equal to 24%), avoid AZT and refer to next level of care.)

For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication.

- For breastfeeding infants, start daily NVP; continue until 1 week after cessation of all exposure to breast milk.
- For non-breastfeeding infants, give daily NVP until 6 weeks of age

Second Line:

None specified.

Third Line:

None specified.

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Pregnant HIV Positive Women Already on ART and Infants

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Mother:

- Should continue with the ART

Infant:

- All infants irrespective of feeding practice should receive daily NVP preferably within 72 hours of birth to six (6) weeks of age.

Regimen Options:

First Line:

*Zidovudine should be a component of the regimen whenever possible [avoid if haemoglobin is less than or equal to 8 g/dl or PCV less than or equal to 24%; in this case use TDF+ (3TC or FTC) + NVP as applicable]
*Efavirenz is contraindicated in the first trimester and it should be replaced with NVP or PI
NB:
In the event of previous clinical or virologic failure on NNRTI-containing regimen use any of the following as appropriate:

- PI* + 2 NRTIs
- AZT + 3TC + ABC
- AZT + 3TC + TDF

Second Line:

None specified.

Third Line:

None specified.

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Pregnant HIV Positive Women who are Diagnosed or seen for the First time in Labour and Infants

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Pregnant HIV positive women who are diagnosed or seen for the first time in labour:

Infant:

- Give daily NVP from birth to six weeks of age.

Regimen Options:

First Line:

Mother:

- Triple ARV prophylaxis commencing during labour and continuing until one week after cessation of all breastfeeding. For details of regimen see clinical setting II.
- NB: Assessment for eligibility for ART should be done as soon after birth as practicable.

For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication:
Mother:

- Intra-partum:
  - Sd NVP
  - AZT + 3TC 12 hourly as soon as diagnosis is made in labour
- Post partum: AZT + 3TC 12 hourly for one week after delivery
- NB: Determine mother's ART eligibility within 5 days of delivery, and follow appropriate guidelines including referral to ART /Care programme.

For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication:
Infant:
If mother is breastfeeding but not yet commenced on ART:

- Give daily NVP to infants from birth until one week after cessation of all exposure to breast milk.

If mother is breastfeeding and eventually commenced on ART:

- Give daily NVP to infants from birth and continue until six weeks after maternal commencement of ART.

If mother is not breastfeeding:

- Give daily NVP to infants from birth until 6 weeks of age.

Second Line:

None specified.

Third Line:

None specified.

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal

Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)

Pregnant HIV Positive Women who Present After Delivery and Infants

Year Issued:

2010

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Determine ART Eligibility

Regimen Options:

First Line:

Follow appropriate guidelines including referral to ART/Care programme.

If mother is breastfeeding but not commenced on ART:

- Give daily NVP to infants from birth until one week after all exposure to breast milk has ended.

If mother is breastfeeding and eventually commenced ART

- Give daily NVP to infants from birth and continue until six weeks after maternal commencement of ART

If mother is not breastfeeding:

- Give daily NVP to infants from birth until 6 weeks of age.

Dosage of daily infant NVP: Refer to doses as in scenarios above.

Second Line:

None specified.

Third Line:

None specified.

Reference:

National Guidelines For HIV And AIDS Treatment And Care In Adolescents And Adults Federal Ministry Of Health, Abuja – Nigeria (2010) National Guidelines For Paediatric HIV And AIDS Treatment And Care Federal Ministry Of Health Nigeria (2010) Federal Ministry Of Health Nigeria National Guidelines For Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) (2010)